

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/095639 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2			1				52				
3				1			53				
4			1				54				
5				1			55				
6					1		56				
7					1		57				
8					1		58				
9			1				59				
10			1				60				
11				1			61				
12					1		62				
13						1	63				
14							64				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			5				TOTAL IND.				
TOTAL DEP.			6				TOTAL DEP.				
TOTAL CLAIMS			11				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS